

Medication Administration Delegated by Registered Nurses to Unlicensed Assistive Personnel

Facility Regulations That Affect Registered Nurse Delegation and the Scope of Duty for Unlicensed Assistive Personnel

This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains selected portions of nurse practice regulations and other resources that licensed registered nurses may find useful when delegating medication administration to Unlicensed Assistive Personnel (UAP). Questions related to the facility regulations can be directed to the Bureau of Quality Assurance, 608-266-8481. Questions related to the Nurse Practice Act should be directed to the Board of Nursing, 608-266-0145. **This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of 1/1/04.**

Introduction

The administration of medication is an important part of the care that many individuals receive in healthcare, assisted living and community facilities. Medication administration is not an isolated task, but a significant component of medication management by healthcare professionals.

The Bureau of Quality Assurance (BQA) investigates medication administration and medication errors in regulated entities. Many medication errors occur at the time of medication administration, sometimes leading to negative outcomes, including death. The Department of Health and Family Services emphasizes that patient safety is the number-one priority in the delivery of healthcare.

Some healthcare professionals are trained and authorized by their licensure status to administer medications. These include physicians, nurses, respiratory therapists and pharmacists. The extent of healthcare professionals' training and scope of practice, as determined by their respective licenses, determine the circumstances and limitations for their medication administration.

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs). In Wisconsin, registered nurses and physicians commonly delegate medication administration.

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aides, nurse aides, home health aides, certified medical assistants, pharmacy technicians or similar designations. The scope of duties for UAPs in regulated entities such as healthcare, assisted living and community facilities is generally defined by the requirements for their training and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for most regulated entities require registered nurses (RNs), as the healthcare professional, be responsible for medication administration. Because of nursing shortages, some healthcare facilities have looked to UAPs to assist with various nursing duties, including medication administration. RNs are authorized and licensed to delegate medication administration to UAPs. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which RNs work.

Healthcare providers, nurses, administrators and others routinely ask BQA about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

The following information is provided for registered nurses, licensed practical nurses and Nurse UAPs to review and consider when delegating and supervising.

Wisconsin Administrative Code Chapter N 6

Wisconsin Administrative Code Chapter N 6 provides the standards of practice for registered nurses (RN) and licensed practical nurses (LPN). The following are important aspects of these regulations that may effect medication administration.

N6.02 (1) “Basic nursing care” means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

N6.02 (2) “Basic patient situation” as determined by an R.N., physician, podiatrist or dentist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient’s clinical condition requires only basic nursing care.

N6.02 (3) “Complex patient situation” as determined by an R.N., physician, podiatrist or dentist means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or
- (c) The patient’s clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

N6.02 (5) “Delegated nursing act” means acts delegated to an L.P.N. or less-skilled assistant by an R.N.

N6.02 (6) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

N6.02 (7) “General supervision” means regularly to coordinate, direct and inspect the practice of another.

N6.03 (3) Supervision and direction of delegated nursing acts. In the supervision and direction of delegated nursing acts an R.N. shall:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- (b) Provide direction and assistance to those supervised;
- (c) Observe and monitor the activities of those supervised; and,
- (d) Evaluate the effectiveness of acts performed under supervision.

N6.04 Standards of practice for licensed practical nurses.

- (1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under general supervision of an R.N. or the direction of a physician, podiatrist or dentist:
 - (a) Accept only patient care assignments which the L.P.N. is competent to perform;
 - (b) Provide basic nursing care;
 - (c) Record nursing care given and report to the appropriate person changes in condition of a patient;
 - (d) Consult with an R.N. or physician in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,
 - (e) Perform the following other acts when applicable:
 1. Assist with the collection of data;
 2. Assist with the development and revision of a nursing care plan;
 3. Reinforce the teaching provided by an R.N., physician, podiatrist or dentist and provide basic health care instruction; or,
 4. Participate with other health team members in meeting basic patient needs.
- (2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall:
 - (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, or dentist;
 - (b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician, podiatrist or dentist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.
- (3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2)(b), Stats., an L.P.N. shall:
 - (a) Follow written protocols and procedures developed and approved by an R.N.;
 - (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

Board of Nursing Positions Published in Wisconsin Regulatory Digest

The following are articles published in the Wisconsin Regulatory Digest, a Publication of the Board of Nursing.

- *Nursing March 1989 Vol. 2 No. 1 Page 2*
Nursing May 1995 Vol. 8 No. 1 Page 3

Under sec. [441.11(4)] Wis. Stats the registered nurse supervises and directs licensed practical nurses and less skilled assistants, e.g. nursing assistants, home health aides, or teaching assistants. The registered nurse is not restricted in terms of what tasks or procedures may be delegated to the assistant, but the registered nurse is responsible for ensuring that such acts are safely and appropriately carried out by the assistant. The registered nurse assumes overall responsibility for delegated nursing acts, as well as for the functions of assessment and evaluation. The less skilled assistant may contribute to the assessment and evaluation performed by the registered nurse by reporting to the RN and by documenting observation made. The less skilled assistant is not a substitute for the registered nurse or the licensed practical nurse.

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The board recently reviewed its position on the use of unlicensed personnel in the administration of medications. The board is aware that federal regulations allow this practice and that the Department of Health and Social Services (now the Department of Health and Family Services) has developed criteria to be utilized in evaluating medication administration courses. The board strongly recommends that unlicensed persons, prior to administering medications, complete course work related to medication administration, such as that taught in the Health Occupations or of the Vocational, Technical and Adult Education (VTAE) system. Registered nurses should be advised that under sec. [441.001(4)] Wis. Stats, the practice of professional nursing includes “the supervision and direction of licensed practical nurses and less skilled assistants.” Therefore, it is the responsibility of the registered nurse to supervise unlicensed personnel who are administering medication to patients. In the supervision of unlicensed personnel, the registered nurse must follow the standards under Wis. Admin. Code N. 6.03(3). These standards indicate that the registered nurse must delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised, provide direction and assistance to those supervised, observe and monitor the activities of those supervised, and evaluate the effectiveness of acts performed under supervision. It should be pointed out to licensed practical nurses who serve as charge nurses in nursing homes that they are only allowed to manage and direct the nursing care and other activities of nursing support personnel under general supervision of an R.N. Therefore, the **R.N. is ultimately responsible** for the supervision of the unlicensed personnel in their performance of any medication administration.

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Under sec. 441.11(4), Wis. Stats. And Wis. Admin. Sec. N 6.03(3) the registered nurse may delegate acts within the scope of professional nursing to an L.P.N. or a less-skilled assistant, provided that the RN meets the following criteria for delegation:

- 1) Delegates tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- 2) Provides direction and assistance to those supervised;
- 3) Observes and monitors the activities of those supervised; and,
- 4) Evaluates the effectiveness of acts performed under supervision.

While nursing acts may be delegated, the functions of assessment and evaluation may not. The L.P.N. and less skilled assistant may assist the R.N. in these functions, but may not perform them in their entirety. If nursing acts are delegated by a registered nurse, the legal principle of respondeat superior is invoked. By that principle the nursing act undertaken by the L.P.N. or less skilled assistant is, in a legal sense, the act of the supervising nurse who has delegated the act. While certain employers and administrators may suggest which nursing acts should be delegated, and/or to whom the delegation may be made, it is the RN who makes, and is ultimately responsible for making the decision whether and under what circumstances the delegation occurs. If the RN decides that delegation may not appropriately or safely take place, but nonetheless makes the delegation he or she may be disciplined by the board for negligent practice, as defined in Wis. Admin. Sec. N 7.03. Finally a prospective delegate is not required to accept a delegated nursing act. The prospective delegate must immediately inform the supervising RN of any refusal to accept the delegation.

- *Position of the Board of Nursing on Performance of IV Therapy by Licensed Practical Nurses*

The Board of Nursing has responded to numerous inquiries regarding to the role of the LPN related to IV therapy. The following information should be assistance in determining the extent of involvement by LPNs in initiating, maintaining, monitoring and discontinuing IV's in specific practice settings.

It is not within the scope of practice of the LPN in Wisconsin to perform IV therapy. However, acts involving IV therapy may be delegated by the RN to the LPN under section N6.03(3), Wis. Adm.Code. These acts include starting peripheral IV lines, adding medication to the intravenous fluids, monitoring of intravenous fluids which carry medication, and monitoring intravenous fluids for hydration purposes. Since these acts are all within the scope of practice of the professional nurse, they may be delegated by the RN to the LPN. There must be willingness on the part of the RN to delegate and on the LPN to accept such delegated acts.

It is the opinion of the Practice Committee of the Board of Nursing that such delegated nursing acts beyond basic nursing care require direct supervision. The Board of Nursing has interpreted direct supervision, defined in section N6.02(6), Wis. Adm. Code, as necessitating on-site supervision. Therefore, the RN supervising the LPN in the performance of IV therapy must be physically present in the facility and immediately available.

While the Board of Nursing position statement on the performance of IV therapy by LPNs includes monitoring of IV fluids as an act requiring direct supervision, it is not the board's intent that observation of the IV infusions on controlled infusion pumps by the LPN requires direct supervision. If the RN preprograms the IV infusion on a controlled pump and performs the client assessment, then the LPN may monitor the infusion under general supervision of the RN and report any concerns or problem with the infusion to the RN. If there is a need for a medication change, for additional medication, or for correction of a problem with the infusion, then the LPN performing these procedures must do so under direct supervision. Monitoring by LPNs of IV infusions that are not pump-controlled does require direct supervision.

Furthermore, the LPN must be competent in the performance of IV therapy. Competence is based on the appropriate education, training or experience. It is essential that there be documentation of the education, training or experience attesting to the competence of the LPN to perform IV therapy. In section N7.03(1)(g) Wis. Adm. Code, the Board of Nursing cites as negligence, "offering or performing services as a licensed practical nurse or registered nurse for which the licensee or registrant is not qualified by education, training or experience."

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Use of Nurse Technicians

The Nurse Technician is a nursing student who either is currently enrolled in a nursing program leading to a registered nurse or practical nurse licensure, or who has failed the licensure exam and is awaiting a retake of the exam.

The Nurse Technician always functions under direct supervision of the registered nurse. Under Section N 6.02(6), Wisconsin Administrative Code, direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another. This has been interpreted by the board to require that the supervising RN must be **on-site** with the Nurse Technician.

Under Section N 6.03(3), Wisconsin Administrative Code, the supervising RN may delegate acts within the scope of professional nursing to the Nurse Technician, provided that the RN does the following: 1) Delegates tasks commensurate with educational preparation and demonstrated abilities of the Nurse Technician; 2) Provides direction and assistance to the Nurse Technician; 3) Observes and monitors the activities of the Nurse Technician; and, 4) Evaluates the effectiveness of acts performed by the Nurse Technician.

The board cautions RN's, agencies and facilities that the Nurse Technician is not licensed to practice nursing either as an RN or LPN. The Nurse Technician functions only as a result of tasks delegated to him/her by the RN who provides direct supervision. While certain nursing tasks may be delegated to the Nurse Technician, the functions of assessment and evaluation may not. Those responsibilities must be done in conjunction with the RN.

Resources

The following are published documents that can assist nurses create policy and procedures and determine if they should delegate.

- Wisconsin Nurses Association Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel
- Wisconsin Patient Safety Institute Medication Use Practice Standards
- National Council of State Boards of Nursing Delegation Concepts and Decision-Making Process Position Paper
- Guidelines for the Utilization of Unlicensed Assistive Nursing Personnel (Endorsed by Wisconsin Organization of Nurse Executives, Wisconsin Council of Nurse Managers, Wisconsin Nurses Association, Wisconsin Health and Hospital Association, and State Medical Society of Wisconsin)
- Delegating to UAPs: Making it Work; NurseWeek March 12, 2001

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
Home Health Agency	Home Health Aide (HHA) Personal Care Worker (PCW)	<p>HFS 133.02 (4) “Home health aide” means an individual employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse.</p> <p>HFS 133.02 (5) “Home health aide services” means personal care services which will facilitate the patient’s self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse.</p> <p>HFS 133.06(4)(b) Employees. Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.</p> <p>HFS 133.06(4)(e) Continuing Training. A program of continuing training shall be provided to all employees as appropriate for the client population and the employee’s duties.</p> <p>HFS 133.08(2)(d) Policies. To be fully informed of one’s own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research.</p> <p>HFS 133.17 (2)(g) Duties. Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications.</p> <p>HFS 133.17 (3) Assignments. Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. HFS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.</p>	<p><u>General Agency Requirements</u></p> <p>All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 484.14(e)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. (nurse aide assignment sheet) [(HFS 133.17(3), 42 CFR 484.36(c))] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [HFS 133.06(4)(b), 	<p><u>The following information is taken from BOC Memo 92-066 with updates only on the forms of medication that were omitted in that memo.</u></p> <p><u>Scope of Duty</u></p> <p>UAPs (HHA and PCWs) may administer oral, sublingual, topicals, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member; 2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal

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HHA (Home Health Agency)		<p>HFS 133.18(2) Supervision. A registered nurse or other appropriate professional shall be available to the home health aides by telephone at all times and shall provide in-home supervision of home health aides as necessary.</p> <p>HFS 133.20 (2)Contents of Plan. Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.</p> <p>42 CFR 484.10 (c)(1) The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.</p> <p>i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>42 CFR 484.14 (e) Personnel policies. Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.</p> <p>42 CFR 484.36(c) Standard: Assignment and duties of the home health aide. (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p>	<p>42 CFR 484.36(c)]</p> <p>4. There is immediate and accessible supervisory support available to the caregiver administering medications. [HFS 133.18(2)]</p> <p>5. Patients must be informed prior to delivery of service, that unlicensed personnel will administer their medications. [HFS 133.08(2)(d) & 42 CFR 484.10(c)(1)]</p> <p>6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code.</p>	<p>suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and</p> <p>3. All General Agency Requirements 1-6 are met (previous column).</p> <p><u>Home Health Aide (HHA) Medication Administration</u></p> <p>HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met:</p> <p>1. When medication has not been preselected, there is documented evidence that the home health aide has been</p>

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HHA (Home Health Agency)				<p>trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [HFS 133.06(4)(b)]</p> <p>2. The patient receiving the medication is a self-directing adult (18 or older), or a responsible adult is physically present to direct the home health aide in the administration of the medication;</p> <p>3. The medication is one of the following: oral medication, sublingual</p>

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HHA (Home Health Agency)				<p>medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and</p> <p>4. All General Agency Requirements 1-6 are met (previous column to left).</p> <p>For patients who have Medicaid some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</p>
Hospice	Hospice Aide Medication aide/ Hospice aide (MA/HA)	<p>HFS 131.13 (12) “Hospice aide” means an individual employed by or under contract to a hospice to provide hospice aide services as specified in s. HFS 131.43(4)(f) under the supervision of a registered nurse.</p> <p>HFS 131.21 (2) Rights of patients. In addition to rights to the information under subd.(1), each patient shall have the following rights:</p> <p>a) To participate in planning care and in planning changes in care;</p> <p>b) To select or refuse services</p> <p>HFS 131.23 Service Agreement. No hospice may provide services to a patient until the patient or patient’s spokesperson acknowledges in writing receipt of a written agreement identifying the services to be provided by the hospice, in what setting those services will be provided and the fees that will be charged for those services.</p>	<p><u>General Hospice Requirements</u></p> <p>All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions:</p> <p>1. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose,</p>	<p><u>Scope of Duty</u></p> <p>State Approved Hospice Medication Administration Course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications</p>

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Hospice		<p>HFS 131.33(3) Duties. Hospice employees may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or a certificate.</p> <p>HFS 131.33(4) Continuous Training. A program of continuous training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families.</p> <p>HFS 131.43(1)(b) The hospice shall ensure that nursing and physician services are available 24 hours a day.</p> <p>HFS 131.43 (3)Required services. The hospice shall provide the following services: (a) Medical services. The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. The medical director shall: 3. Ensure that the medications are utilized within accepted standards of practice.</p> <p>HFS 131.43(4)(f) Optional Services. The hospice may provide other services as follows: (f) Hospice aide services. If hospice aide services are provided, they shall:</p> <ol style="list-style-type: none"> 1. Be given in accordance with the patient’s plan of care; 2. Be assigned by a registered nurse through a written document that is updated consistent with the plan of care and with service provision supervised by a registered nurse; 3. Be provided by a hospice aide who is subject to an on-site supervision visit by a registered nurse every two weeks; 4. Consist of, but not limited to: e. Assisting patients with self-administration of medications; f. Administering medications to patients if the aide has completed a state-approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse <p>42 CFR 418.56(b)(6) The hospice has a legally binding written agreement for the provision of arranged services. The agreement</p>	<p>the route of administration, the time of administration and the identification of the person administering medication. [HFS 131.43(3)]</p> <ol style="list-style-type: none"> 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(HFS 131.43(f)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [HFS 131.33(3)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [HFS 131.43(1)(b)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [HFS 131.43(4)(f)] 6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code. 	<p>in a hospice must take this course. If these individuals will administer other types of medications, for example, nebulizers, injections, oxygen, medication via a G-tube, insulin, etc. they must receive additional training and that training must be documented.</p>

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Hospice		<p>includes at least the following: The qualifications of the personnel providing services.</p> <p>42 CFR 418.94(a) Supervision. An registered nurse must visit the home site at least every two weeks when aide services are being provided, and the visit must include an assessment of the aide services.</p> <p>42 CFR 418.94(b) Duties. Written instructions for patient cares are prepared by a registered nurse.</p> <p>42 CFR 418.96(c) Drugs and biologicals are only administered by the following individuals:</p> <ol style="list-style-type: none"> 1) a licensed nurse or physician. 2) An employee who has completed a State-approved training program in medication administration. 		
Hospital	<p>Nurse Aide</p> <p>Medication Technician</p> <p>Diagnostic Medication Assistants</p> <p>Nurse Technician</p> <p>Various Other Titles that Hospitals Use for</p>	<p>HFS 124.05(3)(a) Patient rights and responsibilities.</p> <p>1.e. Every patient shall be entitled to know who has overall responsibility for patient care.</p> <p>1.g. Every patient shall have the opportunity to participate to the fullest extent possible in planning for his or her care and treatment.</p> <p>HFS 124.12(5)(b)11. Medical staff by-laws and rules shall include: A statement specifying categories of personnel duly authorized to accept and implement medical staff orders.</p> <p>HFS 124.13(1)(b)2. There shall be a written plan showing the flow of administrative authority throughout the nursing service, with delineation of the responsibilities and duties of each category of nursing staff.</p> <p>HFS 124.13(1)(b)3. The delineation of responsibilities and duties for each category of nursing staff shall be in the form of a written job description for each category.</p>	<p><u>General Hospital Requirements</u></p> <p>All hospitals providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person 	<p><u>Scope of Duty</u></p> <p>The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.</p>

Guidelines For Registered Nurses Delegating Medication Administration to UAPs

Facility	Unlicensed Assistive Personnel (UAP)	Applicable State & Federal Regulations	Plain Language for Facility	Plain Language for UAP and RN
Hospitals	UAP	<p>HFS 124.13(1)(c)3. The staffing pattern shall ensure the availability of registered nurses to assess, plan, implement and direct the nursing care for all patients on a 24-hour basis.</p> <p>HFS 124.13(2)(b)1. A registered nurse shall assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff.</p> <p>HFS 124.13(2)(b)2b. A registered nurse shall plan, supervise, and evaluate the care of all patients, including the care assigned to other nursing personnel.</p> <p>HFS 124.13(3)(a) Staff Qualifications.</p> <p>3. The functions and qualifications of nursing personnel shall be clearly defined in relations to the duties and responsibilities delegated to them.</p> <p>4. Personnel records, including application forms and verifications of credentials, shall be on file.</p> <p>HFS 124.15(7) Policies. (a) All hospitals shall have written policies relating to selection, intrahospital distribution and handling, and safe administration of drugs. The medical staff shall develop and monitor the administration of these policies and procedures in cooperation with the pharmacist and with representatives of other disciplines in the hospital.</p> <p>42 CFR 482.23(c) Standard: Preparation and administration of drugs. Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice.</p> <p>All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing</p>	<p>administering medication. [HFS 124.15(7) and 42 CFR 482.23(c)]</p> <p>2. A registered nurse shall assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff. [HFS 124.13(2)(b)2b]</p> <p>3. A registered nurse shall assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff. [HFS 124.13(2)(b)2b]</p> <p>4. There is immediate and accessible supervisory support when needed to the UAP administering medications. [HFS 124.13(1)(c)3, HFS 124.13(2)(a)1]</p> <p>5. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP. [HFS 124.05(3)(a)e&g]</p> <p>6. Supervision and delegation of medications by nurses meets the requirements of Chapter N6 of the Wisconsin Administrative Code.</p>	

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		requirements, and in accordance with the approved medical staff policies and procedures.		
Nursing Home	Medication aide/Nurse aide MANA	<p>HFS 132.13(6) “Direct supervision” means supervision of an assistant by a supervisor who is present in the same building as the assistant while the assistant is performing the supervised function.</p> <p>HFS 132.31(1) Resident rights. Every resident shall. Except as provided in subd. (3), have the right to: (n) Care Planning. Be fully informed of one’s treatment and care and participate in the planning of that treatment and care.</p> <p>HFS 132.60(5)(d)1. Administration of medications. Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner, as defined in s. 450.07 (1)(d), Stats., or a person who has completed training in a drug administration course approved by the department.</p> <p>HFS 132.62(2)(a)3. Duties. The director of nursing services shall be responsible for:</p> <ol style="list-style-type: none"> Supervising the functions, activities, and training of the nursing personnel; Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel; Coordinating nursing services with other resident services; Designating the charge nurses provided for by this section; Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each. <p>42 CFR 483.60 The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under and agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits,</p>	<p><u>General Nursing Home Requirements</u></p> <p>All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions:</p> <ol style="list-style-type: none"> The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [(HFS 132.62(2)(a)3)] There is a written delegation of this nursing act (medication administration) by the registered nurse. [(HFS 132.62(2)(a)3)] There is documentation to support the educational preparation of the caregiver that administers medications. [HFS 132.60(5)(d)1] There is immediate and accessible 	<p><u>Scope of Duty</u></p> <p>State Approved Nursing Home Medication Administration Course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications for example nebulizers, intravenous injections, oxygen, medication via a tube, insulin, etc., they must receive additional training, and that training must be documented.</p>

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Nursing Home		but only under the general supervision of a licensed nurse.	<p>supervisory support available to the caregiver administering medications. [42 CFR 483.60]</p> <p>5. Residents must be informed. Prior to delivery of service, that their medications will be administered by unlicensed personnel. [HFS 132.31(1)(n)]</p> <p>6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code.</p>	
Community Based Residential Facility (CBRF)	Unlicensed Assistive Personnel (UAP)	<p>HFS 83.19(1)(a) Change affecting a resident. Parties to be notified. A CBRF shall provide written notice to a resident, the resident's guardian and the resident's designated representative or agent of any change or occurrence under pars. (b) to (e) that affects the resident. If the change or occurrence is relevant to a provided or purchased service, notice shall be given to any professional responsible for the resident's care, the resident's physician, any contract agency and any third party payer.</p> <p>HFS 83.32(2)(a)2. Individualized Service Plan. 2. An assessment of the medications taken by the resident and the resident's ability to control and administer his or her own medications. If it is determined that the resident is unable to control or administer his or her own medications, the facility shall identify the responsibility it will have for monitoring, controlling or administering medications.</p> <p>HFS 83.33 (3)(e)1. Before providing any help to residents with prescribed or over-the-counter medications, a non-medically licensed staff member shall complete the training under s. HFS 83.14 (3).</p> <p>HFS 83.33(3)(e)2.a. A CBRF staff member may not administer a prescribed or over-the-counter medication unless the staff member</p>	<p><u>General CBRF Requirements</u></p> <p>All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions:</p> <p>1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident's condition and the identification of the person administering</p>	<p><u>Scope of Duty</u></p> <p>If the CBRF is a nurse supervised facility, then the CBRF must assure the following:</p> <p>1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents.</p> <p>2) Injections are delegated by an RN (can only be supervised by a LPN) to qualified CBRF staff.</p> <p>3) Medication administration by CBRF staff is considered delegated by</p>

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CBRF		<p>has a written medical order from a practitioner to administer the medication and complies with subd. 3 or 4. The practitioner's order shall identify the name of the resident, the medication and the names of the specific staff persons or the staff position identified by the CBRF to administer medications in the staff position's job description. b. Injections shall be administered by a registered nurse or, for a resident with a stable medical condition, may be administered by a licensed practical nurse who is competent to perform the task. Administering an injection may be delegated to a CBRF staff member by and be administered under the supervision of a registered nurse.</p> <p>HFS 83.33(3)(e)3. The staff member shall be under the general or direct supervision of an appropriately licensed person, a pharmacist or the prescribing practitioner except as provided under subd.4. To meet this requirement, at least the following functions shall be performed by the appropriately licensed person, the pharmacists or the prescribing practitioner, according to a written protocol, for anyone being supervised:</p> <ol style="list-style-type: none"> Participate in or contribute to the resident's assessment under s. HFS 83.32(1) and individualized service plan developed under s. 83.32 (2) regarding the resident's medical condition and the goals of the medication regimen. Participate in or contribute to the evaluation under s. HFS 83.32(2)(c) and the review and documentation of the progress or regression under s. HFS 83.32(2)(d) of the resident's medical condition and status in relation to the goals of the medication regimen. Explain to the non-medically licensed staff member the purpose of the medication and any side effects it may cause before the staff member initially administers the medication. The registered nurse, pharmacist or prescribing practitioner may use his or her own judgment as to the method of communication, including verbal or written instruction. Provide instruction to the non-medically licensed staff member on the proper procedure for administering a medication and 	<p>medication. [HFS 83.33(3)(e)5]</p> <ol style="list-style-type: none"> When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse. [(HFS 83.33(3)(e)3] There is documentation to support the educational preparation of the caregiver who administers medications. [HFS 83.33(3)(e)1] There is accessible supervisory support available to the caregiver administering medications. [HFS 83.19(1)(a)] Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [HFS 83.32(2)(a)2] If applicable, supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p>an RN if an RN is responsible for training staff on medication administration and provides supervision as indicated under HFS 83.33(3)(e)3. Medication administration is also considered delegated if a RN provides alternative medication packaging after the medication has already been dispensed (medisets). Lastly, if the facility informs residents that registered nurses oversee medication administration, administration would be considered delegated.</p> <p>4) RN determines what tasks can or can not be delegated.</p> <p>If CBRF staff is not supervised by a nurse:</p> <ol style="list-style-type: none"> CBRF staff must take an approved CBRF medication course prior to administering medications to

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CBRF		<p>proper medical record documentation before the staff member initially administers the medication. The instruction shall also include universal precautions pertaining to infectious disease control. The registered nurse, pharmacist or prescribing practitioner may use his or her judgment as to the method of communication, including verbal or written instruction.</p> <p>HFS 83.33(3)(e)5. Medical record documentation under this paragraph shall, at a minimum, include the type of medication taken, the dose taken, the date and time it was taken, any change in the resident's condition observed by the staff person and any comments made by the resident related to his or her condition.</p>		<p>residents.</p> <ol style="list-style-type: none"> 2) A pharmacist must package medications in unit of use or unit dose. 3) CBRF must have prescribing practitioner written order to administer medications. 4) The CBRF staff cannot administer the medication if the staff has not been trained to administer that medication. 5) Injections cannot be administered.
Adult Family Home (AFH)	Unlicensed Assistive Personnel (UAP)	<p>HFS 88.06 (3)(c) The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.</p> <p>HFS 88.06 (3)(d) The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need. 2. Identification of the level of supervision required in the home and community. 3. Description of services provided by outside agencies. 4. Identification of who will monitor the plan. 5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. (e). A copy of the individual service plan shall be provided to all persons involved in the development of it.</p> <p>HFS 88.07(2)(c) Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide.</p>	<p>All adult family homes providing administration of a medication by UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [HFS 88.07(3)(e)] 	<p><u>Scope of Duty</u></p> <ol style="list-style-type: none"> 1) If licensee provides medication administration the staff can only administer medications for which they were trained, for which they have orders and for which the resident or residents guardian have provided consent. 2) If licensee has a registered nurse administering medications they may decide to delegate various tasks. This delegation can define

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AFH		<p>HFS 88.07(3)(c) If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. (d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. (e) 1. The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. 2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.</p> <p>HFS 88.10(3)(j) Treatment choice. To receive all treatments prescribed by the resident's physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident's guardian is required for any treatment administered by the adult family home.</p>	<ol style="list-style-type: none"> When contracted nursing services include <u>nurse responsibility</u> for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [HFS 88.06(3)(d)] There is documentation to support the educational preparation of the caregiver who administers medications. [HFS 88.07(2)(c)] Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [HFS 88.10(3)(j) & 88.07(2)(c)] If applicable, supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	the scope of AFH staff who administers medications.
Residential Care Apartment Complex (RCAC)	UAP	<p>HFS 89.13(21) "Medication administration" means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner.</p> <p>HFS 89.13 (22) "Medication management" means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug</p>	<p><u>General RCAC Requirements</u></p> <p>All RCACs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. 	<p><u>Scope of Duty</u></p> <p>Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the</p>

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RCAC		<p>interactions; and delegation and supervision of medication administration.</p> <p>HFS 89.13 (24) “Nursing services” means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stats., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse.</p> <p>HFS 89.23(4)(a)Service providers. 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist.</p> <p>HFS 89.28 Risk Agreement (2)Content (a) 3. What the facility will and will not do to meet the tenant’s needs and comply with the tenant’s preference relative to the identified in the course of action. 4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition. 5. The agreed-upon course of action, including responsibilities of both the tenant and the facility. 6 The tenant’s understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.</p>	<p>Personnel assigned to administer medications shall follow these policies. [(HFS 89.13(22))]</p> <ol style="list-style-type: none"> 2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [HFS 89.23(4)(a)] 3. There is evidence to support the educational preparation of the caregiver who administers medications. [HFS 89.23(4)(a)] 4. There is accessible supervisory support available to the caregiver administering medications. [HFS 89.23(4)(a)] 5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [HFS 89.28] 6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p>qualifications of these individuals.</p>
Facility for Developmentally Disabled (FDD) or Intermediate Care	Medication Aide/Nurse Aide	<p>HFS 134.60(4)(a)1. Orders. Medications, treatments and rehabilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s right to refuse them.</p> <p>HFS 134.60(4)(d) Administration of medications. 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the</p>	<p><u>General ICF/MR Requirements</u></p> <p>All ICFs/MR or FDDs providing administration of a medication by an UAP (Medication aide/nurse aide) must meet the following conditions:</p>	<p><u>Scope of Duty</u></p> <p>State Approved ICF/MR and FDD Medication Administration Course covers medication administration technique</p>

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Facility for Individuals with Mental Retardation (ICF/MR) ICF/MR		<p>department. Facility staff shall immediately record the administration of medications in a resident's record. 2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration.</p> <p>42 CFR 483.460 (k)(3) Unlicensed personnel are allowed to administer drugs only if state law permits.</p> <p>42 CFR 483.460 (d)(5) Non-licensed nursing personnel who work with clients under a medical care plan must do so under the supervision of licensed persons.</p>	<ol style="list-style-type: none"> 1. The ICF/MR or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [HFS 134.60(4)(d)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [HFS 134.60(4)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [HFS 134.60(4)(d)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 	<p>including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a ICF/MR or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications for example nebulizers, intravenous injections, oxygen, medication via a tube, insulin, etc., they must receive additional training, and that training must be documented.</p>

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			6. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code	
End Stage Renal Disease ESRD	UAP	<p>42 CFR 405.2136(f) Standard: Patient care policies. These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care.</p> <p>42 CFR 405.2136(f)(1)(vi) The patient care policies cover the following: (v) Pharmaceutical services.</p>	<p><u>General ESRD Requirements</u></p> <p>All ESRDs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)] 2. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p><u>Scope of Duty</u></p> <p>The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>
Ambulatory Surgical Centers (ASC)	UAP	<p>42 CFR 416.48 Condition for coverage- Pharmaceutical services. (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.</p>	<p><u>General ASC Requirements</u></p> <p>All ASCs providing administration of a medication by an UAPs must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48] 2. Supervision and delegation of the delegated nursing act meets the requirements of Chapter N6 of the Wisconsin Administrative Code 	<p><u>Scope of Duty</u></p> <p>The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

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